

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 2/28/05 2 Serial/Patent # 10/037,415

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition		<u>12/27/04</u>	\$ 130							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 130								
		8 TO BE REFUNDED BY:									
<input type="checkbox"/>	Treasury Check										
<input type="checkbox"/>	Credit Deposit A/C #:										
<input checked="" type="checkbox"/>	, <table border="1" style="display: inline-table;"><tr><td>1</td><td>8</td><td>--</td><td>1</td><td>9</td><td>4</td><td>5</td></tr></table>			1	8	--	1	9	4	5	
1	8	--	1	9	4	5					
10 REASON:											
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	, <table border="1" style="display: inline-table;"><tr><td>1</td><td>8</td><td>--</td><td>1</td><td>9</td><td>4</td><td>5</td></tr></table>		1	8	--	1	9	4	5
1	8	--	1	9	4	5					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<p>Postcard proves allegedly mailed pg of spec was here on day 1. Refund pet fee</p>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E Shireen Willis</u>		TITLE: <u>Pat Attorney</u>									
SIGNATURE: <u>E Shireen Willis</u>		PHONE: <u>272-3230</u>									
OFFICE: <u>Office of Petition</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****											
APPROVED: <u>Celia Kell</u>		DATE: <u>3/2/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B